

✓ ml 259315  
**Latimer, Becky**

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**From:** Latimer, Becky  
**Sent:** Tuesday, January 7, 2020 9:31 AM  
**To:** [REDACTED]  
**Subject:** 2019-290-WS

Dear Ellus Burns,

This is to acknowledge receipt of your Letter of Protest/Comments to the Public Service Commission of South Carolina. Your Letter of Protest/Comments will be placed in the Protest File of the Docket listed below and on the Commission's Website at [www.psc.sc.gov](http://www.psc.sc.gov).

- Docket No. 2019-290-WS - Application of Blue Granite Water Company for Approval to Adjust Rate Schedules and Increase Rates

A Protestant is an individual objecting on the ground of private or public interest to the approval of an Application, Petition, Motion or other matters which the Commission may have under consideration. A Protestant may offer sworn testimony but cannot cross-examine witnesses offered by other parties.

According to the Commission's Rules of Practice and Procedure, filing a Protest does not make you a Party of Record. A Protestant desiring to become an Intervenor (i.e., a Party of Record) in a proceeding before the Commission may file a Petition for Intervention within the time prescribed by the Commission.

You can follow this Docket and other daily filings made at the Commission by subscribing to the Commission's Email Subscriptions at this link: <https://dms.psc.sc.gov/Web/Email>; or you can follow the individual Docket at the link listed below:

Docket No. 2019-290-WS - Application of Blue Granite Water Company for Approval to Adjust Rate Schedules and Increase Rates <https://dms.psc.sc.gov/Web/Dockets/Detail/117247>

If we may be of further assistance to you, please do not hesitate to contact us.

Sincerely,  
Becky Latimer



## Individual Complaint Form

Date\*: 12/31/2019

### Complainant or Legal Representative Information: \* Required Fields

Name \* Ellus Burns

Firm (if applicable) Retired

Mailing Address \* \_\_\_\_\_

City, State Zip \* Irmo SC

Phone \* \_\_\_\_\_

E-mail \_\_\_\_\_

Name of Utility Involved in Complaint: \* Blue Granite

### Type of Complaint (check appropriate box below.) \*

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Billing Error/Adjustments                                     | <input type="checkbox"/> Deposits and Credit Establishment | <input type="checkbox"/> Wrong Rate    | <input type="checkbox"/> Refusal to Connect Service |
| <input type="checkbox"/> Disconnection of Service                                      | <input type="checkbox"/> Payment Arrangements              | <input type="checkbox"/> Water Quality | <input type="checkbox"/> Line Extension Issue       |
| <input type="checkbox"/> Service Issue   | <input type="checkbox"/> Meter Issue                       |  |   |
| <input checked="" type="checkbox"/> Other (be specific) <u>Monthly Price Increase!</u> |  |  |   |

Have you contacted the Office of Regulatory Staff (ORS)? \* ☐ Yes ☒ No Name of ORS Contact: \_\_\_\_\_

### Concise Statement of Facts/Complaint: \* (This section must be completed. Attach additional information to this page if necessary.)

Blue Granite is trying to increase our rate hike from \$65.00 per month to \$100.00 per month

RECEIVED

JAN 03 2020

PSC SC  
CLERK'S OFFICE

### Relief Requested: \* (This section must be completed. Attach additional information to this page if necessary.)

My wife and I are retired and we are living on a very minimum income. The increase that Blue Granite is requesting is over \$400.00 a year! We are requesting that the Public Service Commission give some special attention to especially the elderly residences.

**\*\*I GIVE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA PERMISSION TO PUBLISH THIS COMPLAINT AND ITS CONTENTS ON THE COMMISSION'S WEBSITE (dms.psc.sc.gov), AND I UNDERSTAND SUCH INFORMATION MAY BE SUBJECT TO PUBLIC SCRUTINY OR FURTHER RELEASE.** ☐ ☐

Ellus B. Burns  
Complainant's Signature\* (MUST BE SIGNED, DO NOT PRINT)

STATE OF SOUTH CAROLINA )  
COUNTY OF Lexington )

### VERIFICATION

I, Ellus B. Burns verify that I have read my complaint filed on 12/31/19  
Complainant's Name \* Date \*

and know the contents thereof, and that said contents are true.

Ellus B. Burns  
Complainant's Signature \* (MUST BE SIGNED, DO NOT PRINT)

### Internal Use Only

Processed By	Date
H.E.	